

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT		FORM B For use by candidates and new employees		APR 04 2008 CLERK OF THE CLERK OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES
Period Covered: January 1, <u>2007</u> - <u>April 30, 2008</u>				
<u>Becky Greenwald</u> <small>(Full Name)</small>		<u>515 240-8244</u> <small>Daytime Telephone:</small>		
<u>14265 F Avenue</u> <u>Perry IA 50220</u> <small>(Mailing Address)</small>				
Filer Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives <input type="checkbox"/> New officer or employee	State: <u>Iowa</u> District: <u>4th</u> Date of Election: <u>6/03/08</u> <u>Primary</u>	Check if Amendment <input type="checkbox"/>	A \$200 penalty shall be assessed against anybody who files more than 30 days late.

In all sections, please type or print clearly in black ink.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior <u>two</u> years? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you receive compensation of more than \$5,000 from a single source in the <u>two</u> prior years? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 8.)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).		
Certification I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Signature of Reporting Individual <u>Becky Greenwald</u>	Date (Month, Day, Year) <u>5/1/2008</u>

Name <u>Becky Greenwald</u>	Page <u>2</u> of <u>5</u>
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Becky Greenwald

Page 2 of 5

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Name <u>Becky Greenwald</u>	Page <u>3</u> of <u>5</u>
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For additional assets and unearned income, use next page.

AIM Capital Appreciation Fund
AIM Financial Services Fund
Columbia Marsico Growth
Dreyfus International Equity Portfolio
Eaton Vance Floating Rate Income
Fidelity Mid Cap Portfolio
Neuberger Berman Socially Respos Inv
Oppenheimer Strategic Bond Fund
RVS Cash Mgmt Fund
RVS Diversified Equity & Income
RVS Emerging Markets
RVS Global Bond
RVS High Yield Bond
RVS International Opportunities
RVS Mid Cap Value Fund
Van Kampen Comstock
Van Kampen UIF Global Real Estate
Wanger International Small Cap
Wells Fargo Advantage Small Cap Growth

SCHEDULE V—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
4/30/08	Pioneer Hi-Bred International	As of May 31, 2008 my position had been reduced and I will receive severance package of one year medical/dental coverage from termination date as well as approximately one year salary.

SCHEDULE VI—COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
<i>Example:</i> Doe Jones & Smith, Hometown, Homestate	Accounting services